

2019 Application

■ ■ ■ About Your Membership

Corporate membership is available to for-profit corporations, consulting firms and other businesses that manufacture, sell, or service health technology or that have a business-related activity involving health technology.

■ ■ ■ Complete Corporate Address Information

Please type or print your organization's name as it should appear in the database.

Parent/Main Company Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Main Phone: _____

Website Address: _____

■ ■ ■ Designate a Primary Corporate Representative

Please name a Primary Corporate Representative who will serve as the point of contact on the membership. Then, please complete Worksheet Part B (pg. four) to identify the number of corporate representatives ("reps") you receive based on the dues your company will pay. Please attach a sheet listing those employees you designate as reps, including their title, work address, phone number and email address.

Primary Corporate Rep: _____

Title: _____

E-mail: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Country: _____

Phone: _____

■ ■ ■ Corporate Dues Worksheet

Please complete Worksheet Parts A & B on pages three and four of this application.

■ ■ ■ Choose Payment Method

Membership Dues:* \$ _____

Your membership dues cover a 12-month period. (Calculate on Worksheet Part B on pg. four)

Would you like to make a contribution to the AAMI Foundation? **

1. AAMI Foundation Unrestricted: \$ _____

2. AAMI Foundation Scholarship Program: \$ _____

Grand Total: \$ _____

Check is enclosed made payable to AAMI. (*Checks must be in U.S. funds drawn on a U.S. bank.*)

Charge this to: VISA MasterCard AMEX

Card Number: _____

Expiration Date: _____


Cardholder Signature: _____


Cardholder Name: _____


** For U.S. citizens only: Membership dues to AAMI are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense.*


***The AAMI Foundation is a 501(c)(3) tax exempt non-profit organization. The Foundation provides scholarships and conducts research on improving patient outcomes. All contributions are tax deductible to the full extent of U.S. law. A donation acknowledgement letter will be provided.*

■ ■ ■ Submit Your Membership Application

 Call 800-332-2264, ext. 1214 (or 703-525-4890, ext. 1214 outside the U.S.), to charge your renewal by phone.

 Mail this form along with your check or credit card information to: AAMI, P.O. Box 890694, Charlotte, NC 28289-0694.

 Fax this form with credit card information to 703-783-0705.

 Email this form with credit card information to membership@aami.org.

Thank you for joining AAMI!

■ ■ ■ About Your Membership

Membership benefits include:

- Leadership positions on standards committees, TAGs, and non-standards committees
- Deep discounts on the purchase of AAMI products and event registrations
- Online access to *AAMINews*, *BI&T*, and *Horizons*
- Annual vote for AAMI Board of Directors and bylaws changes
- Access to AAMI Connect online discussion groups

- Discounted exhibit booth space at the AAMI Exchange
- Free job search and resume posting in the AAMI Career Center

Visit www.aami.org for a comprehensive list of member benefits.

■ ■ ■ Company Demographics

Please select your company's product area(s):

Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Health Information Technology/ IT | <input type="checkbox"/> Packaging |
| <input type="checkbox"/> Biocompatibility | <input type="checkbox"/> Home Healthcare | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Biologics | <input type="checkbox"/> Human Factors/Usability | <input type="checkbox"/> Physical Medicine |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Infusion | <input type="checkbox"/> Protective Barriers |
| <input type="checkbox"/> Combination Products | <input type="checkbox"/> Imaging | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Cybersecurity | <input type="checkbox"/> Materials | <input type="checkbox"/> Robotics |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Nanotechnology | <input type="checkbox"/> Software |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Neurology | <input type="checkbox"/> Sterilization |
| <input type="checkbox"/> ENT | <input type="checkbox"/> ObGyn | <input type="checkbox"/> Tissue Engineering |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Ophthalmic | <input type="checkbox"/> Wearable Technology |
| <input type="checkbox"/> General Hospital | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> General Surgery | | |

■ ■ ■ Get Involved in AAMI Standards

AAMI members have the unique opportunity to make a difference. By participating on AAMI standards committees, you can have a direct role in shaping medical device standards, and work side by side with industry colleagues and participating government agencies (e.g., FDA). Standards, technical information reports, and recommended practices represent a national consensus.

Each company, including all subsidiaries may have one primary (voting) member, one alternate, and up to six liaisons per standards committee. Additional liaisons can be approved upon special request.

To join an AAMI standards committee or working group, visit www.aami.org/standards, email standards@aami.org, or call 703-525-4890, ext.1250.

CORPORATE MEMBERSHIP WORKSHEET PART A

■ ■ ■ Complete Subsidiary Information

Please list all subsidiaries that have medical sales in your calculation of corporate dues on Worksheet Part B on page four. *(Use a separate sheet of paper if necessary).*

Subsidiary Company Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Main Phone: _____

Website Address: _____

Subsidiary Company Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Main Phone: _____

Website Address: _____

Subsidiary Company Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Main Phone: _____

Website Address: _____

Subsidiary Company Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Main Phone: _____

Website Address: _____



CORPORATE MEMBERSHIP WORKSHEET PART B

■ ■ ■ **Company Name:** _____

IMPORTANT CONFIDENTIALITY NOTICE

AAMI requests that companies and consulting firms report gross worldwide medical sales emanating from the parent company and all subsidiaries in the computation of annual dues. **The AAMI auditors require that the incoming dues payment be supported by completing this worksheet using sales data from the most recently completed fiscal year which includes publication of the period's financial statements.** Sales data is utilized only for dues collection purposes and is kept completely confidential. For questions regarding this request, contact Sabrina Reilly at 800-332-2264, x1232 or email sreilly@aami.org.

■ ■ ■ Calculate 2019 Dues Payment:

Step 1: Enter gross worldwide medical sales from the most recently completed fiscal year for all companies AND subsidiaries, including device, pharmaceutical and biologics, and any consulting sales and/or services to the device, hospital, and health care industry:

\$ _____, _____, _____, _____

Step 2: Refer to the schedule below and complete the dues formula: *(Round to the nearest dollar)*

Formula:

\$ _____ + [_____ x (\$ _____ - \$ _____)] = _____

(enter Base Dues Amt. for your tier) (enter Multiplier) (enter Gross Sales minus Base Sales Amt. for your tier) (Dues Amt.)

Example: Gross worldwide medical sales of \$30,500,000.

Enter \$26,000 for tier four as the base dues amount. Take the multiplier amount (0.030000%) and multiply it by the difference between the gross worldwide medical sales (\$30,500,000) and the base sales amount for tier four (\$25,000,000). Now add that to the base dues amount: \$27,650.

Additional Representatives: Add _____ Representatives @ \$185 each for a total of \$ _____ + dues payment \$ _____ = \$ _____

■ ■ ■ 2019 Corporate Membership Dues Schedule

Membership Tier	Gross Worldwide Medical Sales	Base Dues Amt.	Multiplier	Number of Corporate Representatives
New Company	\$0 up to \$400,000 and in existence for three years or less	\$500		4
Small Company	Less than \$400,000 per year	\$750		4
Tier 1	\$400,000 - \$1,999,999	\$850	0.190000%	9
Tier 2	\$2,000,000 - \$4,999,999	\$4,800	0.185000%	15
Tier 3	\$5,000,000 - \$24,999,999	\$12,000	0.070000%	20
Tier 4	\$25,000,000 - \$49,999,999	\$26,000	0.030000%	26
Tier 5	\$50,000,000 - \$99,999,999	\$33,500	0.009000%	29
Tier 6	\$100,000,000 - \$499,999,999	\$38,000	0.002000%	34
Tier 7	\$500,000,000 - \$999,999,999	\$46,000	0.001770%	38
Tier 8	\$1,000,000,000 - \$2,499,999,999	\$55,000	0.000450%	45
Tier 9	\$2,500,000,000 - \$4,999,999,999	\$62,000	0.000310%	50
Tier 10	\$5,000,000,000 - \$9,999,999,999	\$72,000	0.000269%	Unlimited
Tier 11	\$10,000,000,000 - \$100,000,000,000	\$88,000	0.000268%	Unlimited